

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097889282

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10		X				
11		X				
12		X				
13		X				
14		X				
15		X				
16		X				
17		X				
18	X					
19		X				
20		X				
21		X				
22		X				
23		X				
24		X				
25	X					
26		X				
27		X				
28		X				
29		X				
30		X				
31		X				
32		X				
33		X				
34		X				
35		X				
36		X				
37		X				
38		X				
39		X				
40		X				
41		X				
42		X				
43		X				
44		X				
45		X				
46	X					
47	X					
48	X					
49	X					
50		X				
TOTAL IND.	5					
TOTAL DEP.		45				
TOTAL CLAIMS	5	45				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	X					
52		X				
53		X				
54		X				
55		X				
56		X				
57			/			
58				/		
59				/		
60				/		
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92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.			5			
TOTAL DEP.				51		
TOTAL CLAIMS			5	51		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			/								
102			/								
103		/									
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149											
150											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

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